

**Thrive by Three: Prenatal Care Access and Care Coordination Narrative Application**

**Instructions:** Provide answers in the space provided for each application section. Answers should be typewritten in Times New Roman, 12-point font. Content must be single spaced.

**Applicant Information**

Organization Name: [Click here to enter name.](#) Tax ID: [Click here to enter Tax ID](#)

Organization Address: [Click here to street, city, state and zip.](#)

Contact Name and Title (for purposes of application): [Click here to enter name and title.](#)

Contact Phone: [Click here to enter number.](#) Email: [Click here to enter email address.](#)

Total Amount Requested: [Click here to enter dollar amount.](#)

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**1. Project Overview**

A. Briefly summarize your organization's proposal

**Applicant's Response:** [Click here to enter text.](#)

**2. Program Development**

A. Describe your organization's proposed program that expands access to prenatal care services for those that otherwise would not be able to access prenatal care, addressing all requirements outlined in Section 3.2.2 of the RFA document.

**Applicant's Response:** [Click here to enter text.](#)

B. If providing Care Coordination Services as part of your organization’s proposed program, address all requirements outlined in Section 3.2.5 of the RFA document.

**Applicant’s Response:** [Click here to enter text.](#)

**3. Background and Priority Population**

A. Provide a description of your current patient/client population, including number of pregnant people served annually, % of patients participating in Medicaid, patient racial and ethnic distribution, and additional population level patient outcomes, such as total preterm live births, low birth weight infants (<2,500 grams), etc.

**Applicant’s Response:** [Click here to enter text.](#)

B. Provide a description of your organization’s priority population for the proposed program, and how this program will address the needs of the priority population.

**Applicant's Response:** Click here to enter text.

#### **4. Organizational Capacity**

- A. Provide an overview of the applicant's organization, addressing Staffing requirements reflected in Section 3.2.6 of the RFA document including:
- a. the number and type of staff proposed in the program; staff's experience and qualifications related to their specific responsibilities
  - b. any relevant past experience, including the number of years providing similar services
  - c. an organizational chart outlining the program's position within the organization as well as program personnel, attached to the application package
  - d. relevant staff resumes, attached to the application package

**Applicant's Response:** Click here to enter text.

- B. Provide an overview of your organization's experience working with the priority population

**Applicant's Response:** Click here to enter text.

C. Provide an overview of your organization’s experience with quality improvement initiatives and community engagement?

**Applicant’s Response:** [Click here to enter text.](#)